### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Kenneth F. Buechler

Title:

**RAPID EVALUATION OF** 

THE RATIO OF

**BIOLOGICAL MOLECULES** 

Prior Appl. No.:

09/081,722

Prior Appl.

Filing Date:

05/13/1998

Examiner:

Unknown

Art Unit:

Unknown

### CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.

EL990321836US October 29, 2003

(Express Mail Label Number)

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Germaine Sarda

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# CONTINUING PATENT APPLICATION TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

[X] Continuation [] Division [] Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

#### Enclosed are:

- [X] Specification, Claim(s), and Abstract (94 pages).
- [X] Formal drawings (4 sheets, Figures 1-2B).
- [X] Copy of Declaration and Power of Attorney filed in parent patent application (2 pages).
- [X] Copy of Assignment of the invention to Biosite Dicagnostics, Inc. (now Biosite, Inc.) filed in parent patent application, recorded on 08/13/1998 at Reel/Frame 9392/0779 (3 pages).
- [X] Application Data Sheet (37 CFR 1.76) (3 pages).
- [X] Return postcard.

## The filing fee is calculated below:

	Claims		Included in		Extra				Fee
	as Filed		Basic Fee		Claims		Rate		Totals
Basic Fee							\$770.00		\$770.00
Total Claims:	17	-	20	=	0	X	\$18.00	=	\$0.00
Independ ents:	1	-	3	=	0	X	\$86.00	=	\$0.00
If any Mul	tiple Dep	end	ent Claim(s	) pr	esent:	+	\$290.00	=	\$0.00
						SU	JBTOTAL:	=	\$770.00
[ ] Small Entity Fees Apply (subtract ½ of above):								=	\$0.00
TOTAL FILING FEE:								=	\$770.00

- [X] Please charge Deposit Account No. 50-0872 in the amount of \$770.00 to cover the filing fee.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Barry S. Wilson

Attorney for Applicant

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Date \_\_\_\_\_October 29, 2003

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